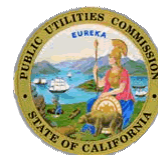


**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF CALIFORNIA**



FILED

05/01/20
04:59 PM

Application of Southern California Edison
Company (U 338E) for Approval of its Energy
Savings Assistance and California Alternate Rates
for Energy Programs and Budgets for Program
Years 2015-2017.

And Related Matters.

Application 14-11-007
(Filed November 18, 2014)

Application 14-11-009
Application 14-11-010
Application 14-11-011

**ANNUAL REPORT FOR FAMILY ELECTRIC RATE ASSISTANCE (FERA)
PROGRAM OF SAN DIEGO GAS & ELECTRIC COMPANY (U 902 M)
FOR PROGRAM YEAR 2019**

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May 1, 2020

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OF THE STATE OF CALIFORNIA**

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**ANNUAL REPORT FOR FAMILY ELECTRIC RATE ASSISTANCE (FERA)
PROGRAM OF SAN DIEGO GAS & ELECTRIC COMPANY (U 902 M)
FOR PROGRAM YEAR 2019**

San Diego Gas & Electric Company (SDG&E) hereby submits its Annual Report for the Family Electric Rate Assistance (FERA) Program for the period January through December 2019.

Respectfully Submitted
on behalf of San Diego Gas & Electric Company,

By: /s/ Rebecca D. Hanson
Rebecca D. Hanson

Rebecca D. Hansson

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May 1, 2020



**FAMILY ELECTRIC RATE
ASSISTANCE (FERA)
PROGRAM ANNUAL REPORT**

Program Year 2019 Results

May 1, 2020

INTRODUCTION

The purpose of this annual report is to provide information on San Diego Gas & Electric Company's (SDG&E) Family Electric Rate Assistance (FERA)¹ Program and to report on the administrative and subsidy costs incurred by the Program. The California Public Utilities Commission (Commission or CPUC) in Decision (D.) 04-02-057, dated February 26, 2004, adopted the FERA Program, whereby qualifying lower-middle income large household participants were charged Tier 2 (101% - 130% of baseline) electric rates for their Tier 3 (131% - 200% of baseline) usage. The FERA Program is available to households of three or more persons with total household annual gross income levels between 200% (plus \$1) and 250% of the Federal Poverty Guidelines (FPG) in accordance with D.05-10-044.² These income levels are subject to revision pursuant to the Commission's communication of its updated annual income guidelines, which are issued no later than April 1 of each year and become effective June 1 of each year.³

D.15-07-001, among other things, revised the FERA Program to provide qualified households with a 12% line item discount (instead of the prior benefit of billing Tier 3 usage at the Tier 2 rates).⁴ Pursuant to D.15-07-001, SDG&E filed Advice Letter 2783-E to implement the 2015 residential rate design reform (including the revision of the FERA line item discount) to become effective October 1, 2015. Pursuant to D.15-07-001,

¹ FERA was originally referred to in Decision (D.) 04-02-057 as the Lower-Middle Income Large Household Program.

² See D.05-10-044, Ordering Paragraph (OP) 3 at 35.

³ D.04-02-057 at OP 2 at 123.

⁴ D.15-07-001 at 295.

SDG&E's FERA Report
January 1 – December 31, 2019

SDG&E also filed Advice Letter 2861-E-A to implement the glide path for the Tier consolidation which became effective July 1, 2016 for Tier 1 (up to 130% of Baseline) and Tier 2 (above 130% of Baseline) usage.

On September 14, 2018, Senate Bill (SB) 1135 was approved by California Governor Brown.⁵ SB 1135 increased the effective FERA discount from 12% to 18%. The FERA discount increase to 18% was implemented on January 1, 2019.

SDG&E's FERA Program implementation plan utilizes the existing procedures already developed and adopted by the Commission for the California Alternate Rates for Energy (CARE) Program. These existing protocols and procedures relate to outreach practices, enrollment, verification, and recertification activities. SDG&E uses a dual application form for the CARE and FERA Programs.

SDG&E is pleased to report that the FERA Program achieved a 24% penetration rate, which is the highest penetration rate for the FERA Program since its inception. In D.18-08-013, Pacific Gas & Electric's (PG&E's) "Decision on Proposed Rate Designs and Related Issues," PG&E was ordered to "make significant efforts to increase its FERA subscription level over the next six years, with the aim of achieving a 50% subscription level."⁶ In D.18-11-027, Southern California Edison's (SCE's) "Decision on [SCE's] Proposed Rate Designs and Related Issues," SCE is ordered to, "increase its FERA program enrollment rate to 50% of eligible customers by 2023."⁷ These orders were in response to SB 1135, which raised the FERA program discount to 18% and authorized

⁵ SB 1135, Stats. 2017-2018, Ch. 413 (Cal. 2018), codified at California Public Utilities Code § 739.12.

⁶ D.18-08-013 at 75 (citation omitted).

⁷ D.18-11-027, OP 13 at 75.

SDG&E's FERA Report
January 1 – December 31, 2019

the Commission to “authorize the state’s three largest electrical corporations to increase or expand marketing and outreach efforts beyond those in effect as of December 31, 2018, to increase eligible customer participation in the FERA program.”⁸ While SDG&E did not receive a similar directive in its rate case application, SDG&E understands the importance of increasing eligible customer enrollment as mandated by SB 1135 and proactively proposed a 50% penetration rate target in its Low-Income Application (A.19-11-005), filed on November 4, 2019.

The following summarizes SDG&E’s FERA Program activities for 2019.

⁸ California Public Utilities (P.U.) Code Section (§) 739.12(c).

**SAN DIEGO GAS & ELECTRIC COMPANY'S
FAMILY ELECTRIC RATE ASSISTANCE (FERA) PROGRAM**

January 1, 2019 through December 31, 2019

I. PARTICIPANT INFORMATION

A. Provide the Total Number of FERA Customers By Month, for the Reporting Period.

| TABLE 1 | | |
|------------------|--------------------------------------|---|
| 2019 | FERA Enrolled⁹ | FERA Receiving Tier 3 Benefit¹⁰ |
| January | 8,231 | N/A |
| February | 8,387 | N/A |
| March | 8,628 | N/A |
| April | 8,809 | N/A |
| May | 8,982 | N/A |
| June | 9,111 | N/A |
| July | 9,423 | N/A |
| August | 9,740 | N/A |
| September | 9,973 | N/A |
| October | 10,345 | N/A |
| November | 10,538 | N/A |
| December | 10,598 | N/A |

⁹ The "FERA Enrolled" column reflects the cumulative number of customers in the relevant month that received the discount. "FERA Enrolled" excludes sub-meter accounts.

¹⁰ No longer applicable pursuant to SDG&E Advice Letter 2861-E-A to implement the glide path for the Tier consolidation, effective July 1, 2016.

B. Provide the Total Number of FERA-Eligible Households, FERA-Participating Households, and FERA Household Penetration Rates By Quarter.

| TABLE 2 | | | |
|------------------------------|--|--------------------------------------|---|
| FERA Penetration Rate | | | |
| 2019 Quarter Ending | (Estimated) FERA Eligible Households¹¹ | FERA Participating Households | FERA Household Penetration Rate¹² |
| March 31 | 43,866 | 8,628 | 19.7% |
| June 30 | 43,866 | 9,111 | 20.8% |
| September 30 | 43,866 | 9,973 | 22.7% |
| December 31 | 43,866 | 10,598 | 24.2% |

C. Discuss How the Estimates of Current FERA-Eligible Households Were Developed.

SDG&E used a customer information system count of residential customers within its territory as the basis for estimating the number of FERA-eligible households. The estimated number of FERA-eligible households was developed by multiplying the number of residential customers by the poverty factor in the CARE and FERA annual eligibility update provided by Athens Research, which was 3.35% for program year 2019. The calculation is as follows:

Total Residential Customers * Poverty Factor = Estimated FERA-Eligible Households.

$$1,310,636 * 0.033469 = 43,866$$

¹¹ Compliance Filing of Pacific Gas & Electric (U 39 M) on Behalf of Itself, Southern California Gas Company (U 904-G), San Diego Gas & Electric Company (U 902 M) and Southern California Edison Company (U 338-E) Regarding Annual Estimates of CARE Eligible Customers and Related Information (filed February 8, 2019).

¹² The FERA household penetration rate is calculated by dividing FERA participating households by FERA-eligible households. Estimated percentage of FERA-eligible households is 3.35% of SDG&E's residential electric customers.

D. Provide the Current FERA Sub-Metered Tenant Counts At Year-End.

At year-end 2019, the number of sub-metered tenants participating in FERA totaled 79. Outreach and enrollment efforts for sub-metered facilities are leveraged with CARE outreach. The majority of sub-metered tenants submitting applications during 2019 qualified for and were enrolled in the CARE Program instead of the FERA Program.

E. Discuss Any Problems Encountered During the Reporting Period Administering the FERA Program for Sub-Metered Tenants and/or Master-Meter Customers.

SDG&E did not experience any problems for sub-metered tenants and/or master-meter customers in the 2019 reporting period.

II. PROGRAM COSTS

A. Discount Cost

1. State the Average Monthly FERA Discount Received, In Dollars Per FERA Customer.

2019 Average Monthly FERA Discount per Customer = \$17.63

The 2019 average monthly FERA Discount per customer was derived by dividing the monthly average discount (\$186,851) by the total number of customers year-to-date that received the discount (10,598). The 2019 monthly average discount of \$186,851 was derived by dividing the 2019 cumulative annual discount amount (\$2,242,207) by 12 months.

2. State the Cumulative Annual Discount for All FERA Customers.

2019 Cumulative Annual Discount = \$2,242,207

B. Administrative Cost

1. Show the FERA Program's administrative cost by category.

| Table 3 | |
|---|--------------------|
| FERA Program Administrative Costs by Category and Benefits | |
| Category | Cost |
| Outreach | \$94,620 |
| Processing, Certification, and Verification | \$11,740 |
| General Administration | \$26,130 |
| TOTAL PROGRAM COSTS | \$132,490 |
| | |
| CUSTOMER BENEFITS | \$2,242,207 |
| | |
| TOTAL PROGRAM COSTS & CUSTOMER BENEFITS | \$2,374,697 |

2. Explain what is included in each administrative cost category.

Outreach

The cost of outreach includes capitation fees and fulfillment. Capitation fees are paid to partner agencies that generate enrollments for the Program by cross-selling the FERA Program with other assistance programs.

Processing, Certification, and Verification

The cost of processing, certification, and verification consists of the labor costs to process, certify, and verify applications, and to support customer inquiries.

General Administration

General administration costs include the costs associated with managing, reporting, and day-to-day operations related to the FERA Program.

Customer Benefits

Customer benefits includes the value of the FERA discounts provided to customers.

3. Explain how costs of joint CARE/FERA activities are charged to each program.

The costs of distinct CARE and FERA activities are charged separately to each Program by using separate source codes. To the extent possible, the costs of joint CARE and FERA activities are allocated in proportion to the work that was attributable to either CARE or FERA. Since most CARE and FERA Program activities are integrated, most costs are shared between the programs.

C. Provide the year-end December 31 balances for the FERA balancing account for both the current and prior reporting periods.

As of December 31, 2019, there was \$132,490 in FERA administrative costs in the FERA sub-account of SDG&E's Baseline Balancing Account (BBA). The FERA sub-account records applicable costs associated with the FERA Program from its inception in 2004. The forecasted year-end 2018 balance under-collection of \$76,000 was amortized in 2019 rates and recorded to the FERA sub-account. As of December 31, 2018, there were \$80,149 in FERA administrative costs in the FERA sub-account of the BBA.

Additionally, D.15-07-001 authorized the restructuring of the FERA discount effective September 1, 2015.¹³ The change resulted in the establishment of the FERA Balancing Account (FERABA), pursuant to Advice Letter 2790-E. The FERABA only

¹³ D.15-07-001.

records the FERA discount, whereas the FERA sub-account of the BBA records the FERA Program administrative costs. As of December 31, 2019, there were \$2,242,207 in FERA discounts in the FERABA compared to \$1,442,182 in 2018.

III. OUTREACH

A. Discuss Utility Outreach Activities and Those Undertaken By Third Parties On The Utility's Behalf.

General Awareness

In 2019, as in previous years, there was not a budget allocated specifically for FERA advertisement; however, FERA was promoted through various no-cost tactics which included on-bill messages, a bill insert, SDG&E organic social media (Facebook, Twitter and Instagram), SDG&E's mobile app, and sdge.com.

Partner Education & Outreach

CARE Capitation Agencies

SDG&E partners with 19 social service agencies such as the Women, Infants and Children (WIC) program, refugee assimilation organizations, 2-1-1 San Diego, and others to help enroll its hardest-to-reach customers. These organizations serve high-risk, low-income individuals and families with enrollment in state and federally funded assistance programs, including Cal Fresh, Low-Income Home Energy Assistance Program (LIHEAP), Covered California, and California Lifeline. The partnering organizations are located in diverse, low-income communities and serve multicultural/multilingual, seniors, veterans, special needs, and Limited English Proficient (LEP) audiences and provide multilingual staffing. These partners contributed to 39 FERA Program enrollments and one FERA recertification in 2019.

Energy Solutions Partner Network

In 2019, SDG&E worked with an established network of more than 190 nonprofits and community-based organizations (CBOs), collectively called the Energy Solutions Partner Network.

A majority of these organizations are small, grassroots agencies serving customers that are multicultural/multilingual, seniors, veterans, special needs, and LEP audiences. These partners help educate and enroll customers in low-income programs utilizing a variety of tactics including messaging through email and social media channels such as Facebook, Twitter, and Instagram; posting information on their websites; providing booth space at events; and hosting enrollment day fairs at their locations. As the focus for these partners is on CARE applications and enrollments, the majority of applications collected through the Energy Solutions Partner Network are shown in CARE results. In 2019, the Energy Solutions Partner Network contributed to two FERA enrollments, one recertification, and held over 500 educational community events and presentations. The County of San Diego Health and Human Services Agency, also part of this group enrolled an additional four new customers in the FERA Program in 2019. In 2019, the SDG&E outreach team participated in over 400 multicultural events in various communities in the service territory.

Community Engagement

Events, Presentations, Workshops

Community outreach and engagement provides SDG&E the opportunity to connect and directly engage customers in energy solutions in the communities where they work and live. These outreach activities provide information to potentially eligible

SDG&E's FERA Report
January 1 – December 31, 2019

customers about SDG&E's FERA Program. SDG&E established partnerships with social service entities such as 2-1-1 San Diego, County of San Diego Health and Human Services Agency, Cool Zones, the Energy Solutions Partner Network, and other entities in various communities to connect with customers who are unaware, concerned, afraid, or have a language barrier. In total, SDG&E participated in over 760 events, presentations, and workshops to educate the community on the FERA Program in addition to other SDG&E customer assistance programs and services.

Branch Offices and Customer Contact Center

SDG&E's customer assistance outreach team collaborated with its branch payment offices and bill payment locations to provide assistance during impacted times of the year to educate customers on programs and services. In 2019, the branch offices enrolled 21 new customers into the FERA Program.

SDG&E's Customer Contact Center also assists thousands of customers with a variety of energy inquiries each year. In 2019, the Customer Contact Center contributed to the Program with two new FERA enrollments.

Direct Marketing

Outbound Calls

The Live Call Campaign, managed by The Harris Group (THG), a contracted third-party company, utilized PRIZM code data to call a CARE/FERA prospect list to enroll qualified FERA customers in SDG&E's service territory. THG's outbound call campaign also included a recertification effort (CARE Recertification Campaign) to ensure customers are staying on the programs. In 2019, THG's Live Call Campaign and CARE Recertification Campaign resulted in 4,219 FERA enrollments and 114 FERA

recertifications. This was a significant increase in 2019, which accounts for the increase seen in the Outreach line item of the budget in Table 3.

B. Discuss Each of the Following:

- 1. How FERA customer data and other relevant program information is shared within the utility, for example, between its Energy Savings Assistance Program and other appropriate low-income programs.**

FERA Program information is distributed in conjunction with the CARE Program. Both FERA and CARE Programs are promoted through a joint application form. All outreach efforts for FERA are combined with the CARE Program outreach. For example, all targeted direct mail and telephone campaigns promote the FERA Program through the joint application form. Customers entering income that exceeds the CARE guidelines, but is within the FERA guidelines, are automatically enrolled in the FERA Program. Additionally, customer data received from the Energy Savings Assistance (ESA) Program regarding potentially eligible customers are shared with the FERA Program.

- 2. Discuss barriers to participation encountered during the reporting period and steps taken to mitigate them.**

SDG&E's primary challenge is finding eligible customers, who may not actively be seeking assistance. SDG&E's Live Call campaign with THG helped overcome this barrier and resulted in a marked increase in enrollment. To further overcome this barrier, SDG&E proposed a FERA Program administrative budget in its Low-Income Application for program years 2021 through 2026 (A.19-11-005). If accepted, SDG&E's

proposal will allow for FERA specific targeted marketing and outreach tactics, including direct mail and continued outbound dialing campaigns.

IV. PROCESSING FERA APPLICATIONS¹⁴

A. Processing Self-Certification and Self-Recertification Applications (individual and sub-metered customers)

- 1. Provide the number of utility and third-party FERA self-certification and self-recertification applications provided, received, approved, denied, pending/never completed, or duplicates for the reporting period.**

| Table 4 | | | | | | |
|--|-------------------------|-----------------|-----------------|---------------|---|-------------------|
| FERA Self-Certification and Self-Recertification Applications | | | | | | |
| | Provided | Received | Approved | Denied | Pending/ Never Completed | Duplicates |
| Utility | 1,441,784 ¹⁵ | 2,716 | 1,765 | 53 | 60 | 838 |
| Capitation | 12,000 | 42 | 39 | 1 | 0 | 2 |
| Other Third-Party | 21,000 | 4,729 | 4,226 | 115 | 168 | 220 |
| Total | 1,474,784 | 7,487 | 6,030 | 169 | 228 | 1,060 |

B. Processing Random Post-Enrollment Verification Requests

- 1. Provide the total number of verifications requested, received, approved, denied, pending/never completed, or duplicates, for the reporting period.**

| | Requested | Received¹⁶ | Approved | Denied¹⁷ | Pending/Never Completed |
|--------------|------------------|------------------------------|-----------------|----------------------------|------------------------------------|
| Total | 423 | 132 | 32 | 73 | 27 |

¹⁴ The SDG&E FERA Application is a part of the Bill Discount Application that includes CARE.

¹⁵ Of note is that 2018 efforts included an additional bill insert for CARE and FERA, which accounts for a significantly higher number of FERA self-certification and self-recertification applications provided in 2018 than the 2019 number shown here. In addition, the Customer Assistance campaign targeting was refined in 2019, resulting in smaller email and direct mail lists overall.

¹⁶ Received and Approved includes CARE ineligible Post-Enrollment Verification Requests that are eligible for FERA.

¹⁷ Denied includes FERA ineligible Post-Enrollment Verification Requests that are eligible for CARE.

V. PROGRAM MANAGEMENT

A. Discuss Issues and/or Events That Significantly Affected Program Management In the Reporting Period and How These Were Addressed.

SDG&E did not experience any significant program management issues in the 2019 reporting period.

B. Post Enrollment Verification (PEV) to Provide Proof of Income.

SDG&E selects no more than 6% of the FERA-eligible customers a year for the PEV process. A probability score is applied to each account using the Commission-approved Probability Model that is utilized for the CARE Program.¹⁸ Each month, accounts are selected based on their probability score. A lower score suggests that the customer is less likely to be eligible. A customer selected for PEV is required to provide documentation of eligibility for continued participation in the FERA Program. The customer may satisfy this requirement by providing proof of earnings as determined by household member count and household income.

Customers are given 90 days to respond to a PEV request before they are removed from the Program. As long as the customer provides acceptable documentation (even if responding after the deadline), they can remain enrolled or be re-enrolled in the Program.

¹⁸ D.16-11-022 at 282, requires the IOUs to maintain verification levels for the CARE program at no more than 200% of their 2011 PEV rates, which for SDG&E is 3%.

APPENDIX 1-2

FERA Program


APPENDIX

FERA Program:

- 1. Sample Bill Insert**
- 2. SDG&E CARE and FERA Program Application**

SDG&E's FERA Report January 1 – December 31, 2019

Appendix 1 – Sample Bill Insert – July 2019 – English & Spanish



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL

POSTAGE WILL BE PAID BY ADDRESSEE

SDG&E
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SANTA CLARA, CA 95050
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SAN DIEGO CA 92112-9885

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Programa de Asistencia
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Auditoría gratuita a los tarifas más bajas
para clientes con enfermedades
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Nuestro programa de pago de la factura de energía
Levante al 1-800-997-0907 y pague por el Plan de Pago Mensual (Equal Pay Plan)
Asistencia para el pago de la factura y otros recursos de la comunidad
Marques "20"
20minutes.org

Save money
CARE
Monthly discount
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sdge.com/care

Medical condition
Assistance Program
Free energy audit of the low cost
rate for customers with
medical conditions
1-800-997-0907
sdge.com/medical

Home repairs
Includes the energy efficient
products for your home
1-800-997-0907
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Medical condition
Assistance Program
Free energy audit of the low cost
rate for customers with
medical conditions
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para clientes con enfermedades
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Obtenga ayuda adicional
Nuestro programa de pago de la factura de energía
Levante al 1-800-997-0907 y pague por el Plan de Pago Mensual (Equal Pay Plan)
Asistencia para el pago de la factura y otros recursos de la comunidad
Marques "20"
20minutes.org

SDG&E®
SANTA CLARA COUNTY
SANTA CLARA, CA 95050
PO BOX 127883
SAN DIEGO CA 92112-9885

IT'S easy to apply for SDG&E assistance programs. We offer two programs that may lower your monthly bill.

CARE (California Alternate Rate for Energy CARE)
The CARE program offers a monthly discount on SDG&E bills for qualifying households. Qualification is based on total gross income of everyone living in the home (See the income guidelines below). OR participation in a qualifying public assistance program.

FERA (Electric Rate Assistance FERA)
If you do not qualify for the CARE program, you may still qualify for the FERA program, which offers a monthly discount on electric bills for households of 3 or more people with a slightly higher income than required for CARE. See the FERA income guidelines below to find out if you qualify.

Rules for CARE and FERA participation

- You must notify SDG&E if you no longer qualify.
- You may be asked to verify your income.
- You must remain your enrolled when requested.
- You may not be claimed on another person's income tax return other than your spouse.
- Your total current household income before deductions must be within the income levels in the chart for your household size OR your household is receiving benefits from one of the public assistance programs listed on the application in box 2A.

Other way to apply: sdge.com/care or call 201. If you have questions or would like more information please email: sdge@sdge.org

For speech- or hearing-impaired customers TDD/TTY is available at 1-877-889-7343.

Es fácil presentar una solicitud para los programas de asistencia de SDG&E. Ofrecemos dos programas que pueden reducir su factura mensual.

CARE (California Alternate Rate for Energy CARE)
El programa CARE ofrece un descuento mensual en las facturas de SDG&E a los hogares que reúnen los requisitos. Los requisitos se basan en el ingreso total de cada uno de los miembros que viven en su vivienda (vea los niveles de ingreso en la parte inferior) o en su participación en un programa de asistencia pública que le da derecho a participar.

FERA (Programa Auxiliar de Tarifas Eléctricas FERA)
Si no reúne los requisitos para el programa CARE, tal vez sí reúna los requisitos para el Programa FERA, que ofrece un descuento mensual en las facturas eléctricas de los hogares con 3 o más personas que reúnen los requisitos más altos que en el caso de los hogares para CARE. Vea los niveles de ingreso de FERA que aparecen a continuación para averiguar si reúne los requisitos.

Reglas de participación para CARE y FERA

- Tiene que notificar a SDG&E si ya no reúne los requisitos.
- Le pueden pedir que compruebe su ingreso.
- Un documento actual de ingreso puede dar como resultado que se le quite el programa.
- Debe permanecer su inscripción cuando le sea requerido.
- No puede aparecer en el caso de la declaración del impuesto sobre el ingreso de otra persona que no sea su esposa.
- La factura de SDG&E debe estar a su nombre y el domicilio debe ser su residencia principal.
- El ingreso total actual en el hogar, antes de deducciones, debe estar dentro de los niveles de ingreso correspondientes a número de personas que viven en su casa y que aparecen en el cuadro. O su hogar debe recibir beneficios de uno de los programas de asistencia pública indicados en el cuadro 2A del formulario.

Otros formas de solicitar: sdge.com/care o llamando al 201. Si tiene preguntas o desea obtener más información, por favor envíe un correo a: sdge@sdge.org. Para los clientes con problemas auditivos o del habla, llame 1-877-889-7343.

INCOME QUALIFICATION FOR CARE & FERA PROGRAMS

| Number of household members | CARE | FERA |
|-----------------------------|----------|----------|
| 1 or 2 | \$13,620 | \$17,445 |
| 3 | \$16,440 | \$20,820 |
| 4 | \$19,260 | \$24,195 |
| 5 | \$22,080 | \$27,570 |
| 6 | \$24,900 | \$30,945 |
| 7 | \$27,720 | \$34,320 |
| 8 | \$30,540 | \$37,695 |
| 9 | \$33,360 | \$41,070 |

Each Additional Person, add \$2,820 CARE / \$3,645 FERA

*Effective June 1, 2019 - May 31, 2020

REQUISITOS DE INGRESO PARA LOS PROGRAMAS CARE Y FERA

| Número de personas que viven en el hogar | CARE | FERA |
|--|----------|----------|
| 1 o 2 | \$13,620 | \$17,445 |
| 3 | \$16,440 | \$20,820 |
| 4 | \$19,260 | \$24,195 |
| 5 | \$22,080 | \$27,570 |
| 6 | \$24,900 | \$30,945 |
| 7 | \$27,720 | \$34,320 |
| 8 | \$30,540 | \$37,695 |
| 9 | \$33,360 | \$41,070 |

Por cada persona adicional \$2,820 CARE / \$3,645 FERA

*Ejemplo del 1 de junio de 2019 al 31 de mayo de 2020

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

Declaration: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

INFORMACIÓN DE LA SOLICITUD

Household Information: Please complete Section 2B, then go to Section 3.

Public Assistance Programs: (See CARE or FERA Program)
If you are currently receiving any of the following public assistance programs, please check all that apply. Fill out Section 2B or 2C as applicable.

Programas de Asistencia Pública: (See CARE or FERA Program)
Si usted actualmente recibe alguno de los siguientes programas de asistencia pública, marque todos los que correspondan. Llene la sección 2B o 2C, lo que corresponda.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____

DECLARATION: I am not participating in any of the above programs, please complete Section 2B.

Household Income Eligibility: (See CARE or FERA Program)
If your household does not participate in a public assistance program, please check all sources of household income of all members of the household and enter the total income in the space provided.

Other sources of income:
☐ Social Security benefits
☐ Retirement, pension or other
☐ Self-employment
☐ Dividend, interest, or other
☐ Income from a trust
☐ Rental income
☐ Unemployment benefits
☐ Disability benefits
☐ Other (specify): _____

Total annual household income: \$ _____


Appendix 2 – SDG&E CARE and FERA Program Application - English & Spanish

APPENDIX-2-1

SDG&E's FERA Report January 1 – December 31, 2019

Ahorre en la factura de SDG&E®

ASISTENCIA TARIFARIA RESIDENCIAL FORMULARIO DE SOLICITUD PARA CARE Y FERA



Su nombre

Número y calle, Apartamento, Ciudad, Código postal

Número de cuenta de SDG&E®

Teléfono de casa

Teléfono móvil

Dirección de correo electrónico

¿Cómo le gustaría que lo contactáramos? ☐ Correo electrónico ☐ Correo

1

Información del hogar: favor de llenar

Número de personas en el hogar: Adultos: + Niños: =

Por favor llene ya sea la sección 2A O 2B, y luego vaya a la sección 3.

2A

Programas de Asistencia Pública: (para el Programa CARE únicamente): Si usted o alguien en su hogar recibe beneficios de cualquiera de los siguientes programas de asistencia pública, marque todos los que correspondan. Llene la sección 2A o 2B. No necesita llenar ambas secciones.

☐ Buró de Asistencia General para Asuntos de Nativos Americanos
☐ CalFresh/Programa Suplementario de Asistencia Nutricional (SNAP)
☐ CalWORKS/Asistencia Temporal para Familias Necesitadas (TANF)
☐ Programa de Asistencia a Hogares de Escasos Recursos para Gastos de Energía (LIHEAP)
☐ Medicaid/Medi-Cal para Familias A y B

☐ Programa Nacional de Almuerzos Escolares (NSLP)
☐ Seguridad de Ingreso Suplementario (SSI)
☐ TANF Tribal
☐ Programa para Mujeres, Bebés y Niños (WIC)
☐ Ingreso elegible para Head Start (tribal únicamente)

2B

Requisitos de ingreso en el hogar: (para los Programas CARE o FERA)

Si su hogar no participa en un programa de asistencia pública, por favor marque todas las fuentes de ingreso del hogar para todos los miembros del hogar y escriba el ingreso total en los espacios señalados.

Debe marcar (✓) todas las fuentes de ingreso de su hogar, como:

☐ Salarios y/o utilidades por autotempleo
☐ Ingresos por alquiler o regalías
☐ Pensiones
☐ Seguro Social
☐ SSP o SSDI
☐ Pagos por incapacidad o indemnización para los trabajadores
☐ Beneficios de desempleo

☐ Becas, subvenciones u otra ayuda para sufragar el costo de la vida
☐ Intereses/dividendos de ahorros, acciones, bonos o cuentas para el retiro
☐ Pensión conyugal o alimenticia
☐ Liquidaciones de seguro o legales
☐ Ingreso en efectivo o de otro tipo

Ingreso total anual en el hogar: \$

3

Declaración: (favor de leer y firmar en la parte inferior)

Declaro que la información que proporcioné en este formulario de solicitud es verdadera y correcta. Conviengo en proporcionar comprobantes de ingreso si me son solicitados. Conviengo en informar a SDG&E si dejo de reunir los requisitos necesarios para recibir el descuento. Entiendo que si recibo algún descuento sin reunir los requisitos para el mismo, la vez se me exija devolver el importe del descuento que recibí. Entiendo que SDG&E puede compartir mi información con otras empresas de servicios públicos o con sus agentes para inscribirse en sus programas de asistencia.

Firma del cliente

© 2019 San Diego Gas & Electric Company
All trademarks are the property of their respective owners. All rights reserved.


Fecha

SOURCE CODE Verifique número de documento

500

EMPLOYEE ID Verifique número de documento

FORM 1074-0101
03/2014-05/18



Requisitos de ingreso para los Programas CARE y FERA

*En vigor del 1 de julio de 2019 al 31 de mayo de 2020

| Número de personas que viven en el hogar | Programa CARE Ingreso total anual en el hogar* | Programa FERA Ingreso total anual en el hogar* |
|--|---|---|
| 1-2 | \$33,820 | Not eligible |
| 3 | \$42,660 | \$42,661 – \$53,325 |
| 4 | \$51,500 | \$51,501 – \$64,375 |
| 5 | \$60,340 | \$60,341 – \$75,425 |
| 6 | \$69,180 | \$69,181 – \$86,475 |
| 7 | \$78,020 | \$78,021 – \$97,525 |
| 8 | \$86,860 | \$86,861 – \$108,575 |
| Por cada persona adicional, añada | \$8,840 | \$8,840 – \$11,050 |

* Para calcular el actual ingreso bruto total en el hogar, combine todo el dinero en efectivo y beneficios no monetarios que recibe cada uno de las personas que viven en su hogar. Un consumo elevado de energía puede dar como resultado el que se le quite del programa.